PATENT APPLICATION FEE DETERMINATION RECO								Application or Docket Number				
	PATENT	ORI	PRD 19/721130									
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR		R THAN ENTITY
TOTAL CLAIMS			20					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FI	SE 385.00		BASIC FEE	
TOTAL CHARGEABLE CLAIMS			W minus 20=		•			X\$ 9=	 	OR		
INDEPENDENT CLAIMS			1/ "	1/ minus 3 =		•		X43=	1	1	V00	
MI	ULTIPLE DEPE	NDENT CLAIM P	RESENT					+145=	+	OR	+290=	
* 11	the difference	e in column 1 is	less than zero, enter "0" in column 2				TOTAL	3126	OR			
	1-10-05 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 2)								280	JOR	TOTAL	
<u>/ˈ</u>	10-05	100101141 77		(Colorini 2) (Colori				SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ER USLY OR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	. 10	Minus	1. 2	0	-		X\$ 9≃		OR	X\$18=	
ME	independent	. 3	Minus	3		-/		X43=	1/		X86=	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CL				CLAIM			740-	/ -	OR	∧60±	
					•			+145=	1	OR	+290=	[
							7	TOTAL UDDIT, FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B	04/14/08	REMAINING AFTER - AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ğ	Total	· 17.	Minus	- Z	0	= /	ſ	X\$ 9=	1:	OR	X\$18=	
3	Independent	• 3	Minus	area (3	= /	ŀ	X43=	/		X86=	
<u> </u>	FIRST PRESE	NTATION OF MU	LTIPLE DEF	ENDENT (LAIM		ŀ	743=	-/-	OR	×00=	
				•		•	L	+145=	/ .	OR	+290=	
							A	TOTAL DDIT. FEE		OR A	TOTAL ODIT, FEE	
		(Column 1)	(Column 3)	. •								
3 F		CLAIMS REMAINING AFTER AMENDMENT		HIGHE: NUMBE PREVIOU PAID FO	R .	PRESENT EXTRA	I	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**	. 1	=	T	X\$ 9=			X\$18=	-1-5-5-
			Minus	***		=	-			OR		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT C				LAIM		1	X43=		OR	X86=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
-: H	and Hugnest Nam	iber Previously Pain iber Previously Pai	d For IN THIS	SPACE LE L	see than	20 0000 *20 *	AD	TOTAL OIT, FEE		OR A	TOTAL DOIT, FEE	
T	ne "Highest Numb	er Previously Paid	For (Total or	independent	is the i	ighest number (ropriate box	in colu	ากก 1.	